

**WA Tier Two - Emergency and Hazardous Chemical Inventory**

Specific Information by Chemical

Revised May 2014

Community Right-to-Know ID#:

WAD027514579

(Required Information)

(12-digit number beginning with CRK or WA)

Reporting Period: January 1 to December 31,

2014

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?

☐

Yes

☒

No

TRI Facility ID:

☒

N/A

Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?

☐

Yes

☒

No

RMP Facility ID:

☒

N/A

**Facility Identification**

Name: PACIFIC STEEL &amp; RECYCLING SPOKANE

Street: 1114 N RALPH

Latitude: 47 40 08 Longitude: 117 21 44

City: SPOKANE

State: WA

Zip Code: 99202

Phone:

County: SPOKANE

LEPC: SPOKANE

Dun &amp; Bradstreet No.: 008909681

NAICS Code:

42193

**Owner/Operator**

Name: (b) (6), (b) (7)(C)

Address: 1114 North Ralph

City: Spokane

State: WA

Zip Code: 99202

Phone: (b) (6), (b) (7)(C)

Email:

**Parent Company Information**

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Dun &amp; Bradstreet No.:

**Tier Two Contact**

Name: (b) (6), (b) (7)(C)

Title: (b) (6), (b) (7)(C)

Email: @pacific-steel.com

Phone: (b) (6), (b) (7)(C)

Mailing Address: (Must be included if different from Facility Address)

Street: 1114 North Ralph

City: Spokane

State: WA

Zip Code: 99220

Maximum Number of occupants:

Manned

Unmanned

☒
**Emergency Contact**

Name: (b) (6), (b) (7)(C)

Title: (b) (6), (b) (7)(C)

Phone:

24-Hour Phone: (b) (6), (b) (7)(C)

Email:

Name: (b) (6), (b) (7)(C)

Title: (b) (6), (b) (7)(C)

Phone:

24-Hour Phone: (b) (6), (b) (7)(C)

Email:

**Facility Emergency Coordinator (If applicable)**

Name:

Title:

Phone:

24-Hour Phone:

Email:

**Certification**

(Read and sign after completing all sections.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through \_\_\_\_\_, and that based on my inquire of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

(b) (6), (b) (7)(C)

Name and official title of owner/operator's authorized representative

Signature

Date Signed

Optional Attachments:

☐

I have attached a site plan

☐

I have attached a list of site coordinate abbreviations

☐

I have attached a description of dikes/other safeguard measures

# TIER TWO CHEMICAL INVENTORY

ID# WAD027514579

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory		Storage codes			Storage Locations	
				Container Type	Pressure	Temperature	(Non-confidential) (Please Print)	
CAS 007429-90-5 Trade Secret <input type="checkbox"/> Chem. Name Aluminum Scrap  Check all <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name  EHS CAS# (if different)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	10000 3000 365	Max. amount (lbs.) Avg. amount (lbs.) No. of days on site	A	1	4		
CAS 007440-50-8 Trade Secret <input type="checkbox"/> Chem. Name Copper  Check all <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name  EHS CAS# (if different)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	15000 3000 365	Max. amount (lbs.) Avg. amount (lbs.) No. of days on site	A	1	4		
CAS 068478-30-2 Trade Secret <input type="checkbox"/> Chem. Name Diesel Fuel  Check all <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name  EHS CAS# (if different)	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	7000 3000 365	Max. amount (lbs.) Avg. amount (lbs.) No. of days on site	A	1	4		
CAS 007439-89-6 Trade Secret <input type="checkbox"/> Chem. Name Iron  Check all <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name  EHS CAS# (if different)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	10000000 3000000 365	Max. amount (lbs.) Avg. amount (lbs.) No. of days on site	A	1	4		

CAS 064742-54-7 Trade Secret <input type="checkbox"/>		<input checked="" type="checkbox"/> Fire	<table border="1"> <tr><td>6000</td></tr> <tr><td>3000</td></tr> <tr><td>365</td></tr> </table>	6000	3000	365	<table border="1"> <tr><td>Max. amount (lbs.)</td></tr> <tr><td>Avg. amount (lbs.)</td></tr> <tr><td>No. of days on site</td></tr> </table>	Max. amount (lbs.)	Avg. amount (lbs.)	No. of days on site	A 1 4	
6000												
3000												
365												
Max. amount (lbs.)												
Avg. amount (lbs.)												
No. of days on site												
Chem. Name Engine Oil		<input type="checkbox"/> Sudden Release of pressure										
Check all <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS		<input type="checkbox"/> Reactivity										
EHS Name		<input checked="" type="checkbox"/> Immediate (acute)										
EHS CAS# (if different)		<input checked="" type="checkbox"/> Delayed (chronic)										
CAS 007782-44-7 Trade Secret <input type="checkbox"/>		<input checked="" type="checkbox"/> Fire	<table border="1"> <tr><td>10000</td></tr> <tr><td>1000</td></tr> <tr><td>365</td></tr> </table>	10000	1000	365	<table border="1"> <tr><td>Max. amount (lbs.)</td></tr> <tr><td>Avg. amount (lbs.)</td></tr> <tr><td>No. of days on site</td></tr> </table>	Max. amount (lbs.)	Avg. amount (lbs.)	No. of days on site	A 1 4	
10000												
1000												
365												
Max. amount (lbs.)												
Avg. amount (lbs.)												
No. of days on site												
Chem. Name Oxygen Liquid		<input checked="" type="checkbox"/> Sudden Release of pressure										
Check all <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS		<input type="checkbox"/> Reactivity										
EHS Name		<input checked="" type="checkbox"/> Immediate (acute)										
EHS CAS# (if different)		<input type="checkbox"/> Delayed (chronic)										
CAS 007664-93-9 Trade Secret <input type="checkbox"/>		<input type="checkbox"/> Fire	<table border="1"> <tr><td>900</td></tr> <tr><td>300</td></tr> <tr><td>365</td></tr> </table>	900	300	365	<table border="1"> <tr><td>Max. amount (lbs.)</td></tr> <tr><td>Avg. amount (lbs.)</td></tr> <tr><td>No. of days on site</td></tr> </table>	Max. amount (lbs.)	Avg. amount (lbs.)	No. of days on site	A 1 4	
900												
300												
365												
Max. amount (lbs.)												
Avg. amount (lbs.)												
No. of days on site												
Chem. Name Battery Acid		<input type="checkbox"/> Sudden Release of pressure										
Check all <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS		<input checked="" type="checkbox"/> Reactivity										
EHS Name Sulfuric Acid		<input checked="" type="checkbox"/> Immediate (acute)										
EHS CAS# (if different)		<input checked="" type="checkbox"/> Delayed (chronic)										

